

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 116 676

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
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23		1				
24		2				
25		1				
26		1				
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31		1				
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42		1				
43		1				
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45		1				
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47		1				
48		1				
49		1				
50		1				
TOTAL IND.	2					
TOTAL DEP.						
TOTAL CLAIMS	48					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1	1				1
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99	1	1				
100	1	1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Claim		Date	
Final	Original		
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Claim		Date	
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Claim		Date	
Final	Original		
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